

EXHIBIT 8

PATIENT 6

Wed, 8. 2020 1:07PM EXHIBIT 8 Page 1 of 5

Order Entry

No. 1665 P. 12/19

Resident: [REDACTED]

Order Details

Order Date: 3/4/2020 14 11 *

Order Category: Diagnostic *

Communication Method: ☒ Phone ☐ Verbal ☐ Prescriber written ☐ Prescriber entered *

Ordered By: Harrod, Naomi * (Current Primary Physician: Kimbs

Type of Diagnostic: CBC, BMP, CXR, UA via Cath with C&S.

Order Summary:

CBC, BMP, CXR, UA via Cath with C&S.

STAT for LLE edema

Order Type: Diagnostic Orders - [LAB-daily] *

Scheduling Details

Add Schedule: Routine PRN One Time Only STAT

STAT 1 (complete)

Related Diagnoses:

For (Indications for Use): LLE edema

Additional Directions:

Start Date: 3/4/2020

End Date: 3/4/2020

Formularies Contains

☒ No
Formulary
Found☐ No
Formulary
Found☐ No
Formulary
Found☐ No
Formulary
FoundAdditional
Information

Close

EXHIBIT 8 Page 2 of 5 Apple Creek Health and Rehab, LLC

Lab Results Report

Laboratory: 03/04/2020 20:09 RESULTS StatNon routine / R-URINALYSIS
 Reviewed By: Nachairad on 03/05/2020 08:45

Latest Version

Resident Information	Report Information	Order Information
Resident: [REDACTED]	Collection Date: 03/04/2020 17:29	Status: Completed
Admit Date: [REDACTED]	Received Date:	Flag: Normal
Admitting Provider:	Reported Date: 03/04/2020 20:09	Reporting Lab: Gamma HealthCare, Inc. Lab
Attending Provider:	Ord. Provider: Harrod, Naomi	Order #: 509224705
Copy to List:	Source Key: 06cd0b0151a775c7	Category: Unknown Category
Order Notes		
Result for: [REDACTED]		

RESULTS StatNon routine	Result	Unit	Ref. Range	Flag	Status
	See Attachment				Final
R-URINALYSIS	Complete				Final

Legend:

- Report contains critical results (results with red text)
- Report contains abnormal results (results with orange text)
- Performing Laboratory Information: Gamma HealthCare

Reviewed by Name

Reviewed by Signature

Date

EXHIBIT 8 Page 3 of 5

**Washington Regional
 Medical Center**

3218 N. North Hills Blvd. Fayetteville, AR 72703

Phone: 479-463-1000

Patient Name:
 Admit / Discharge:
 DOB / Age / Sex:
 OPI:

Client: GAMMA HEALTH CARE
 MRN:
 PIN: 6970016831
 Attending Physician: UNASSIGNED MD MD

Chemistry

Footnote Legend: @ = Abnormal c = Corrected Results C = Critical O = Order Comments I = Result Comments

Routine Urinalysis

Collected Date	2/4/2020		
Collected Time	15:45 CST		
Procedure		Reference Range	Units
UA Color	Yellow		
UA Appear	Clear		
UA Spec Grav	1.019	[1.003-1.035]	
UA Leuk Est	Negative	[Negative]	
UA Nitrite	Negative	[Negative]	
UA pH	7.0	[5.0-6.0]	
UA Protein	Negative	[Negative]	
UA Glucose	Negative	[Negative]	
UA Ketones	Negative	[Negative]	
UA Urobilinogen	0.2	[1]	EUnit/dL
UA Bill	Negative	[Negative]	
UA Blood	Negative	[Negative]	

Sep. 9. 2020 1:08PM

No. 1665 P. 15/19

EXHIBIT 8 Page 4 of 5 Apple Creek Health and Rehab, LLC

Lab Results Report

Laboratory: 03/16/2020 10:23 Urinary Tract Infection ID by PCR (UTI Antibiotic Resistance by PCR)
 Reviewed By Nacharred on 03/17/2020 09:56

Latest Version

Resident Information	Report Information	Clinic Information
Resident: [REDACTED]	Collection Date: 03/04/2020 15:45	Status: Completed
Admit Date: [REDACTED]	Received Date:	Flag: Manual
Admitting Provider:	Reported Date: 03/06/2020 10:23	Reporting Lab: Gamma HealthCare, Inc. - Lab
Attending Provider:	Ord. Provider: Harrod, Naomi	Order #: S09241386
Copy to List:	Source Key: 68f10c0e0745a55f	Category: Unknown Category

Order Notes

Result for: [REDACTED] Testing Site: 1717 West Maud, Piquette Bluff, MO 63901 573-727-5800 CLIA #26D1041510 Laboratory Director: David L. Smalley, Ph.D. This test protocol has been developed and its performance characteristics determined by Gamma HealthCare, Inc. The tests in this UTI panel have not been cleared or approved by the US Food and Drug Administration; however, the FDA has determined clearance or approvals are not necessary. The tests in this UTI panel are for clinical purposes and should not be viewed as investigational or for research purposes.

UTID by PCR

ORGANISM DNA TESTED	RESULT	ABUNDANCE	Result	Unit	Ref. Range	Flag	Status
							Final
Citrobacter freundii	Not Detected	-					
Providencia rettgeri	Not Detected	-					
Citrobacter koseri	Not Detected	-					
Escherichia coli	Not Detected	-					
Enterococcus faecalis	Not Detected	-					
Staphylococcus aureus	Not Detected	-					
Streptococcus agalactiae	Not Detected	-					
Proteus mirabilis	Not Detected	-					
Providencia stuartii	Not Detected	-					
Morganella morganii	Not Detected	-					
Klebsiella oxytoca	Not Detected	-					
Enterobacter aerogenes	Not Detected	-					
Pseudomonas aeruginosa	Not Detected	-					
Proteus vulgaris	Not Detected	-					
Klebsiella pneumoniae	Not Detected	-					
Acinetobacter baumannii	Not Detected	-					
Enterococcus faecium	Not Detected	-					
Enterobacter cloacae	Not Detected	-					
Candida albicans	Not Detected	-					

UTI ABR by PCR

Final

ABR GENES TESTED	RESULT	CLASS
catA	Not Detected	-

Sep. 9. 2020 1:08PM

No. 1655 P. 16/19

EXHIBIT 8 Page 5 of 5

Apple Creek Health and Rehab, LLC

Lab Results Report

Laboratory: 03/06/2020 10:23 Urinary Tract Infection ID by PCR / UTI Antibiotic Resistance by PCR
 Reviewed By: Nacharnd on 03/17/2020 09:56

Latest Version

Order #: 309241568

SourceKey: 68f10c0e2745ba5f

	Result	Unit	Ref. Range	Flag	Status
blaOXA-133, blaOXA-160, blaOXA-207, blaOXA-24, blaOXA-25, blaOXA-26, blaOXA-437, blaOXA-72, blaSHV-63	Not Detected				
aac(6)-Ib-cr, fluoroquinolone	Not Detected				
aminoglycoside 6-N-acetyltransferase type Ib, AAC(6)-Ib-cr chromosomal	Not Detected				
mei(A)	Not Detected				
lei(M)	Not Detected				
blaRFP	Not Detected				
OXA-48	Not Detected				
qnrS (qnrS1, qnrS10, qnrS11, qnrS12, qnrS13, qnrS14, qnrS4, qnrS7, qnrS8, qnrS9). The gene on plasmids is responsible for quinolone resistance	Not Detected				
BlaCTX-M	Not Detected				
blaKPC	Not Detected				
blaVIM	Not Detected				
blaNDM	Not Detected				
Sulfonamide_dfr_A1_A5v2	Not Detected				
Vancomycin	Not Detected				
ermA_B_C	Not Detected				
mecA_mecC	Not Detected				

Legend:



Report contains critical results (results with red text)



Report contains abnormal results (results with orange text)

Performing Laboratory Information: Galena HealthCare

Reviewed by Name

Reviewed by Signature

Date